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Bib Data Sheet

CONFIRMATION NO. 5189

<b>SERIAL NUMBER</b> 10/823,802	<b>FILING OR 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 01662/79802	
<b>APPLICANTS</b> Gabor Pragai, Debrecen, HUNGARY; Eva Orosz, Debrecen, HUNGARY; Judit Szilagyi, Debrecen, HUNGARY; Edit Nagy, Debrecen, HUNGARY; Lidia Ban, Debrecen, HUNGARY;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/462,813 04/14/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/22/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> HUNGARY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 53	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 26646					
<b>TITLE</b> Formulations of amlodipine maleate					
<b>FILING FEE RECEIVED</b> 1838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		